

MICHIGAN DEPARTMENT OF AGRICULTURE
NOTIFICATION REGISTRY
ADDITIONAL PROPERTIES LISTING

Name of Applicant: _____
(LAST NAME, FIRST NAME)

Address of Applicant: _____

I CERTIFY THAT THESE PROPERTIES ARE WITHIN _____ FEET OF MY RESIDENCE AS SUBSTANTIATED BY MY PHYSICIAN'S CERTIFICATION FOR NON-ADJACENT PROPERTIES.

Signature of Applicant: _____ Date: _____

PLEASE TYPE OR PRINT CLEARLY—ILLEGIBLE ENTRIES CANNOT BE INCLUDED ON THE NOTIFICATION REGISTRY.

[illegible]

